

18351 U.S. PTO
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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

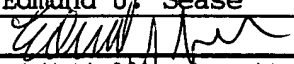
Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	P04487US0
	First Named Inventor	HANSEN, Richard D.
	Original Patent Number	6,290,980
	Original Patent Issue Date (Month/Day/Year)	September 18, 2001
	Express Mail Label No.	EV 298921616 US

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SBI 56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input checked="" type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
a. <input type="checkbox"/> Computer Readable Form (CFR)
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	
ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Edmund J. Sease	Registration No. (Attorney/Agent)	24,741
Signature		Date	July 21, 2003

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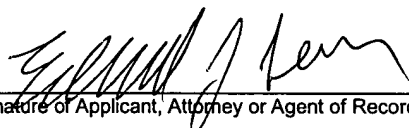
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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) P04487US0	
Claims as Filed – Part 1								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee	Entity	Rate	Fee	
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 27	*** 7 =	x \$ 9 =	or	x \$ ____ =		
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 6	* 3 =	x \$ 42 =		x \$ ____ =		
Basic Fee (37 CFR 1.16(h))				\$ 370.00			\$ ____	
Total Filing Fee				\$ 529.00	OR		\$ ____	
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee				\$	OR		\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 26-0084. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 529.00 to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>July 21, 2003</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p> Signature of Applicant, Attorney or Agent of Record</p> <p>Edmund J. Sease Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT		Docket Number (Optional) P04487US0
I hereby state that: I am the applicant for a reissue patent based on the original patent identified below.		
Name of Inventor(s)/Assignee(s) Richard D. Hansen		
Patent Number 6,290,980		
Title of Invention PACKAGING AND METHOD FOR SOLID DOSE ADMINISTRATION OF MEDICAMENTS		
Reissue application number (if known)		
The ribboned original patent grant is lost or inaccessible.		
Signature 		
Typed or printed name Richard D. Hansen		Date 7/15/08
Title (e.g., inventor(s), officer of assignee) V.P., R & D		

This collection of information is required by 37 CFR 1.178. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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